PART B - FEE(S) TRANSMITTAL

	Complete and se	AUG	042	Eg/		P.C Ale	mmissioner for P D. Box 1450 exandria, Virginia 1)-273-2885	atents		
	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directly otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.									
	CURRENT CORRESPONI	DENCE ADDRESS (Note: Use B	lock I for an	ny change of addres	cs)	Fee(e: A certificate of mai (s) Transmittal, This ce ers. Each additional pa	ling can only be used to	or domestic mailings of the for any other accompanying ent or formal drawing, must	
A0 /A	21559 CLARK & EL 101 FEDERAL BOSTON, MA 4/2008 RMEBRAH1 00			Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
						Ĺĸ	atherine Jo	hnson	(Depositor's name)	
	C:1501 1440.00 GP C:1504 300.00 GP C:8001 30.00 GP					۲	Jathouino Joh	W88V	(Signature)	
						July 21, 2008				
	APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVEN	TOR ATTORNEY DOCKET NO.			CONFIRMATION NO.	
	10/507,472	09/10/2004		Davide Bellini			50294/012001		3156	
	PHOTOCURING APPLN. TYPE			JE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	E DATE DUE	
	nonprovisional	NO		\$1440	\$300		\$0	\$1740	08/05/2008	
	-						1	31740	06/05/2006	
	EXAMINER			RT UNIT	CLASS-SUBCLASS	•	J			
	KRISHNAN, GANAPATHY			1623	536-055200		atent front page, list			
	 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				(1) the names of or agents OR, alte (2) the name of a registered attorner 2 registered paten	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI Fidia Fa	ee data will appear on (AOT a substitute for filin (B) RESIDENCE: (CADANO TO	THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Abano Terme, Italy							
	Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🛣 Corporation or other private group entity 🚨 Government									
	4a. The following fee(s) are submitted: Lissue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies10				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03 2005 (enclose an extra copy of this form).					
	5. Change in Entity Status (from status indicated above)									
	a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
	NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.									
	Authorized Signature Susan M. Muchaud Date July 31, 2008									
	Typed or printed name	Typed or printed name Susan M. Michaud, Ph.D. Registration No. 42,885								
	an application. Confident submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	ntiality is governed by 35 and application form to the close for reducing this but Virginia 22313-1450. DC	U.S.C. 1 USPTO rden, sho NOT SI	22 and 37 CF Time will va- uld be sent to END FEES O	R 1.14. This collection ary depending upon the the Chief Information C R COMPLETED FORM	is est indiv Office IS TO	imated to take 12 minuidual case. Any communic, U.S. Patent and Trad D THIS ADDRESS. SI	ites to complete, including ents on the amount of the demark Office, U.S. Dep END TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, I number.	
									 	